

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN
 See "Instructions for Service of Process by U.S. Marshal"

RECEIVED

PLAINTIFF MELINDA SCOTT	U.S. MARSHAL'S SERVICE ROANOKE, VA	COURT CASE NUMBER 2:17CV6
DEFENDANT WISE CO DEPT OF SOCIAL SERVICES ET AL.	2017 MAY 15 A 8:39	TYPE OF PROCESS SUMMONS/COMPLAINT

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 WISE COUNTY DEPARTMENT OF SOCIAL SERVICES C/O CHARLES SLEMP
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 206 E. MAIN ST., ROOM 123, WISE, VA 24293

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
MELINDA SCOTT 2014PMB87 P O BOX 1133 RICHMOND, VA 23218	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

CLERKS OFFICE U.S. DIST. COURT
 AT ROANOKE, VA
 FILED

Fold

SEE ATTACHED ORDER

JUN 26 2017

JULIA G. DUDLEY, CLERK
 BY:

Signature of Attorney other Originator requesting service on behalf of: Celia Switzer, Dep Clerk	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 276 628 5116	DATE 5/19/17
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM-285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 084	District to Serve No. 084	Signature of Authorized USMS Deputy or Clerk	Date 5/16/17
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only; different than shown above)	Date: 6/20/17 Time: 7:14 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy 3082

Service Fee \$65.00	Total Mileage Charges including endeavors 0	Forwarding Fee \$8.00	Total Charges \$73.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: mailed 5/17/18; 5/19/17 undeliverable LS Addressed; 6/6/17 in transit to sender
 6/14/17 Package still not returned by USPS
 6/20/17 ACCEPTED VIA GOV. EMAIL / RECEIPT ATTACHED

PRINTS COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED.

AO 440 (Rev. 02/09) (12/09 WD/VA) Summons in a Civil Action (Page 2)

Civil Action No. 2:17CV6

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Wise County Depart. of Social Services c/o Charles Slemp
was received by me on *(date)* 06/19/2017

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Director Jennifer Lilly, who is
designated by law to accept service of process on behalf of *(name of organization)* Wise County DSS
via government email; jennifer.lilly@dss.virginia.gov on *(date)* 06/19/2017 ; or

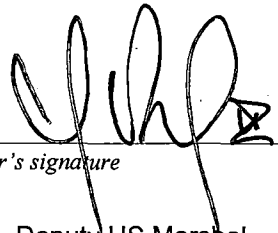
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 06/20/2017



Server's signature

Jim Satterwhite, Deputy US Marshal

Printed name and title

180 W. Main St., Abingdon, VA 24210

Server's address

Additional information regarding attempted service, etc:

On 06/19/2017, contact was made with the Wise County Department of Social Services via telephone (276-328-8056). Specifically, I spoke with Robin (LNU), receptionist for DSS. She advised that Director Jennifer Lilly should be served on behalf of the Wise Co. DSS but she was currently out of the office. It was agreed that the process would be emailed to Director Lilly's government address, which I placed a receipt and read notification. A copy of the email and notifications will be attached to the executed process. On 6/20/17, Director Lilly confirmed receipt and provided the email address for Director Sara Ring, Norton City DSS.